

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

ORIGINAL

The JC/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Pedro	MI
	NICKNAME	LAST Garcia	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; P.O. Box 1580 San Juan, Tx	APT / SUITE #;	CITY; STATE; ZIP CODE 78589
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (956)	PHONE NUMBER 821-7953
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Margarita	MI
	NICKNAME	LAST Garcia	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); 118 N. Standard	APT / SUITE #;	CITY; STATE; ZIP CODE San Juan, Tx 78589
	8 CAMPAIGN TREASURER PHONE	AREA CODE (956)	PHONE NUMBER 821-7995
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year 1 / 24 / 2014	THROUGH	Month Day Year 2 / 23 / 2014
	11 ELECTION	ELECTION DATE Month Day Year 3 / 4 / 2014	ELECTION TYPE <input checked="" type="checkbox"/> Primary
<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Justice of the Peace Pet. 2 Place 2	
	GOTO PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

14 C/OH NAME Pedro Garcia 15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

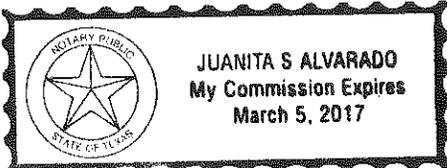
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3450.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 3435.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0 -

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Pedro Garcia
Signature of Candidate or Officeholder



JUANITA S ALVARADO
My Commission Expires
March 5, 2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pedro Garcia, this the 24 day of Feb, 2014, to certify which, witness my hand and seal of office.

Juanita S Alvarado Signature of officer administering oath
Juanita S Alvarado Print name of officer administering oath
NOTARY Public Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A(J):

2 FILER NAME *Pedro Garcia* 3 ACCOUNT # (Ethics Commission Filers)

4 Date <i>2/4/14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Benny Guajar</i>	7 Amount of contribution (\$) <i>500.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>5823 Champions Hill, SA, TX 78253</i>		(If travel outside of Texas, complete Schedule T)	

9 Contributor's principal occupation 10 Contributor's job title

11 Contributor's employer/law firm 12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date <i>2-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Aida Ramirez</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>P.O. Box 657 San Juan, Tx. 78585</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date <i>2-6-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jesus Ramirez</i>	Amount of contribution (\$) <i>500.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>700 N. Veterans Blvd. San Juan, Tx. 78585</i>		(If travel outside of Texas, complete Schedule T)	

Contributor's principal occupation Contributor's job title

Contributor's employer/law firm Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAME <i>Pedro Garcia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-7-14</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Memorial Funeral Home</i>	7 Amount of contribution (\$) <i>250.⁰⁰</i>	8 In-kind contribution description (if applicable)
6 Contributor address; City, State; Zip Code <i>311 E. Expressway 83 San Juan, T.X. 78585</i>		(If travel outside of Texas, complete Schedule T)	
9 Contributor's principal occupation		10 Contributor's job title	
11 Contributor's employer/law firm		12 Law firm of contributor's spouse (if any)	
13 If contributor is a child, law firm of parent(s) (if any)			

Date <i>2-10-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Milnet Services</i>	Amount of contribution (\$) <i>1000.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>608 S 12th St McAllen, 78501</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

Date <i>2-11-14</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Perdue Brandon Fielder</i>	Amount of contribution (\$) <i>200.⁰⁰</i>	In-kind contribution description (if applicable)
Contributor address; City, State; Zip Code <i>400 N. McColl. McAllen, 78501</i>		(If travel outside of Texas, complete Schedule T)	
Contributor's principal occupation		Contributor's job title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A(J):

2 FILER NAME

Pedro Garcia

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2-10-14

5 Full name of contributor

Eduardo Vele

out-of-state PAC (ID# _____)

6 Contributor address; City; State; Zip Code

P.O. Box 6022 McAllen, Tx. 78502

7 Amount of contribution (\$)

500⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Contributor's principal occupation

10 Contributor's job title

11 Contributor's employer/law firm

12 Law firm of contributor's spouse (if any)

13 If contributor is a child, law firm of parent(s) (if any)

Date

2-11-14

Full name of contributor

Contributor address; City; State; Zip Code

out-of-state PAC (ID# _____)

Amount of contribution (\$)

10⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

Full name of contributor

Contributor address; City; State; Zip Code

out-of-state PAC (ID# _____)

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Pedro Garcia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>1-25-14</i>		5 Payee name <i>Tejcs. Rentals</i>			
6 Amount (\$) <i>41.25</i>		7 Payee address; City; State; Zip Code <i>1212 N 23RD. McAllen, TX 78501</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>1-27-14</i>		Payee name <i>Beto's</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>110 W. 4th St. San Juan TX 78585</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Sign's 4x4</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-3-14</i>		Payee name <i>Ambit Energy</i>			
Amount (\$) <i>135.83</i>		Payee address; City; State; Zip Code <i>P.O. Box 660462 Dallas TX 75266</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-2-14</i>		Payee name <i>CPRD, Inc</i>			
Amount (\$) <i>525.00</i>		Payee address; City; State; Zip Code <i>2403 N. 10th PMB-79 McAllen TX 78501</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Rent Campaign</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Pedro Garcia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-7-14</i>		5 Payee name <i>Son's</i>			
6 Amount (\$) <i>145.77</i>		7 Payee address; City; State; Zip Code <i>McAllen, Tx</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>Food / Beverage</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-7-14</i>		Payee name <i>Costco</i>			
Amount (\$) <i>68.00</i>		Payee address; City; State; Zip Code <i>1501 West Kelly Ave Pharr Tx. 78577</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Gas to pt signs</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-7-14</i>		Payee name <i>Advance</i>			
Amount (\$) <i>500.00</i>		Payee address; City; State; Zip Code <i>Pharr Tx 78579</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>For Ad.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-10-14</i>		Payee name <i>Rafael Vicencio</i>			
Amount (\$) <i>150.00</i>		Payee address; City; State; Zip Code <i>1020 Alt. V. St Alamo Tx. 78516</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Gas & food.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Pedro Garcia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-10-14</i>		5 Payee name <i>Rosa Ramirez</i>			
6 Amount (\$) <i>500⁰⁰</i>		7 Payee address; City; State; Zip Code <i>1316 Andrew St San Juan, Tx 78885</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>20,000 cards</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-10-14</i>		Payee name <i>Beto's</i>			
Amount (\$) <i>300.00</i>		Payee address; City; State; Zip Code <i>110 W 4th St San Juan Tx 78585</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Signs</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-12-14</i>		Payee name <i>Advance</i>			
Amount (\$) <i>330.00</i>		Payee address; City; State; Zip Code <i>Harr Tx, 78577</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>For Ad</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>2-14-14</i>		Payee name <i>Costco</i>			
Amount (\$) <i>60.00</i>		Payee address; City; State; Zip Code <i>1501 West Kelly Ave</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Gas to put up signs</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME <i>Pedro Garcia</i>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <i>2-20-14</i>		5 Payee name <i>Speedy Stop. (7-Eleven.)</i>			
6 Amount (\$) <i>50.00</i>		7 Payee address; City; State; Zip Code <i>W. 83. Hwy San Juan. TX 78585</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <i>gas to put sign.</i>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-20-14</i>		Payee name <i>7-Eleven.</i>			
Amount (\$) <i>60.00</i>		Payee address; City; State; Zip Code <i>W. Hwy 83 San Juan.</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>gas to put sign.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-14-14</i>		Payee name <i>Las Margaritas.</i>			
Amount (\$) <i>28.63</i>		Payee address; City; State; Zip Code <i>1901 N. I Rd San Juan.</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>Food.</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>2-19-14</i>		Payee name <i>Costco.</i>			
Amount (\$) <i>41.50</i>		Payee address; City; State; Zip Code <i>1501 West Kelly Ave.</i>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <i>gas</i>		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED